

## FIRST SCHEDULE

[Regulation 3(a)]

<b>THE INSOLVENCY ACT</b> <b>STATEMENT OF AFFAIRS</b> <i>(section 15, section 25, section 79)</i>	For Office Use <b>S15, 25, 79/IS 1</b>
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### IN THE SUPREME COURT OF MAURITIUS

I, ..... residing at ..... (*address*),  
holder of a National Identity Card Number ..... make  
oath / solemn affirmation as a ..... and state that :

1. The attached Statement of Affairs is to the best of my knowledge and belief a full, true, complete and faithful disclosure of my affairs as at this date.
2. That I have not concealed, removed, embezzled or destroyed any part of my estate, assets (real or personal), books of accounts, paper or writing in relation thereto with intent to defraud my creditors.

Sworn / solemnly affirmed by me.  
At Chambers, Supreme Court, Port Louis,  
This ..... day of ..... 20..

Before me

Supreme Court

## STATEMENT OF AFFAIRS

(pursuant to section 15, 25 and 79)

NIC No: .....

BR No: .....

This form shall be used in relation to –

- (i) a case of a debtor's petition (s.15), or
- (ii) following a bankruptcy order (s.25), or
- (ii) a proposal by an insolvent (s.79)

This Statement of Affairs being filed in respect of:

- (i) your own petition ☐
- (ii) a bankruptcy order ☐
- (iii) a proposal ☐

### PART A – PERSONAL DETAILS

<b>1a. Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms		
<b>1b. Surname:</b>			
<b>1c. Name(s):</b>			
<b>1d. Maiden name</b> (if applicable):			
<b>1e. Any other</b> <b>commonly</b> <b>known name(s):</b>			
<b>1f. Date of birth:</b>	/ /	<b>1g. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>1h. Residential</b> <b>address:</b>			

<b>1i. Any other address:</b>			
<b>1j. Postal address (if any):</b>			
<b>1k. Telephone No:</b>	Home:	Office:	Mobile:
<b>1l. Email address:</b>			

## **Employment**

**2.** Select the option that best describes your current/employment status.

<input type="checkbox"/> Employed	Please state current occupation:		
	Please state name of employer:		
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Associé	Please provide details:	
	<input type="checkbox"/> Partner	Please provide details:	
	<input type="checkbox"/> Shareholder	Please provide details:	
<input type="checkbox"/> Unemployed			
<input type="checkbox"/> Retired			
<input type="checkbox"/> Student			
<input type="checkbox"/> Other (please specify)			

## PART A – PERSONAL DETAILS (cont'd)

### Cause of Insolvency

3. Select the cause(s) of your insolvency.

Cause	Main (select only one)	Subsidiary
Unemployment or loss of income		
Ill health/any addiction		
Gambling		
Speculation		
Extravagance in living		
Legal separation or divorce		
Excessive interest payments/ drawings/use of overdraft/credit facilities		
Liabilities due to guarantees		
Adverse legal action		
Lack of sufficient working capital		
Inability to collect debts / bad debts		
Economic conditions, including external factors, increased competition / costs		
Unfavourable seasonal conditions		
Failure to keep proper accounting records		
Other (please specify)		

## **Income**

4. Please provide details of all the income and benefits you receive.

Type of income	Received from	Net monthly amount received (Rs)

## **No. of persons in your household**

<b>5a. Name of spouse/partner who lives with you (if any)</b>	
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**5b. List down the dependents who rely on your income or benefit, whether they live with you full time or not.**

*(e.g. school aged children, parents, invalid relatives who do not receive a benefit)*

Full Name	Relationship	Age

## **Passport/travel documents**

**6. If you are holder of a passport/travel document, please provide details as follows:**

Number	Date of issue	Place of issue	Expiry date
	/ /		/ /
	/ /		/ /

## PART B – BACKGROUND TO INSOLVENCY

<b>7. When did you become unable to pay your debts as they became due?</b>	/     /     /		
<b>8a. Have you ever been in a Summary Instalment Order or Bankruptcy before?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>8b. Select which form of insolvency:</b>	<input type="checkbox"/> Summary Instalment order <input type="checkbox"/> Bankruptcy
<b>8c. What year, and where was this?</b>	Year:		
<b>9a. Are you currently involved in any court case?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If, yes, please give details		
<b>9b. Nature of the case – select which:</b>	Criminal Court / Civil Court / Family Court		
<b>9c. If it relates to a debt owed by you, how much is being claimed against you?</b>	Rs	<b>Please provide a copy of the summons and / or the Statement of Claim.</b>	
<b>9d. If it relates to a debt owing to you, how much are you claiming?</b>	Rs		
<b>9e. Name of other party?</b>			

  

<b>10a. Have any of your possessions or property been seized in the past 6 months, e.g. by Court?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what was seized, by whom, and when.	
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<b>10b. Have you disposed of/ transferred any of your possessions or property (including money) in the past 2 years?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what you disposed of / transferred, to whom, and when.	
<b>10c. Has any person or organisation left any possessions or property (including money) in your care?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what was left, by whom, and when.	
<b>10d. Does any person or organisation have any of your property (including money)?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of what the property is, who has it, and when.	
<b>10e. As a result of pressure for payment from creditors, have you in the past 2 years paid over and above your normal repayments to any creditor, given or surrendered assets to creditors?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of who you paid, how much you paid, and when.	
<b>10f. Have you raised any loans (e.g. mortgage, personal loan) using any of your possessions or property as security in the past 12 months?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details of how the money was raised, who lent it, over what property.	

## PART C – ASSETS

Please only list assets that are personal to you or jointly held. **Do not include business, partnership or company assets.** These will be listed in Section F.

**11a. Please provide details of any bank accounts (local and overseas).**

Bank Name	Account name	Joint?	Account Number	Balance (Rs)

**11b. If any of the above accounts are jointly held, state your relationship to the co-owner:**

### **Personal Items of Value**

**12a. Please list your personal belongings below.**

*Examples of assets or items of value may be jewellery, cameras, artworks, antiques, copyrights/intellectual property.*

Do not include general household furniture and items on hire purchase as this information is required in Section D.

Note that you will be able to retain personal belongings and household effects (not more than Rs100,000 or such other amount as may be agreed by creditors) and tools of trade (not more than Rs100,000 or such other amount as may be agreed by creditors).



Description of asset	Location of asset	Approximate age	Estimated resale value (Rs)	Jointly owned
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

**12b. Please provide details of the co-owner of the asset(s):**

Name	Address	Phone number

**Money Owed to You**

Include money owed by friends and family, unpaid wages etc.

**13a. Please list down all your debtors.**

Name	Address	Date of Debt	Original amount owed (Rs)	Amount currently owing (Rs)

## PART C – ASSETS (cont'd)

### **Immovable Property**

**14a. Do you own or lease any land or buildings, including State land?**

☐ No    ☐ Yes    If yes, please give details.

<b>14b. Address of property:</b>			
<b>14c. What type of property is it?</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Other give details.		
<b>14d. Is the property jointly owned?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please give details.		
	<b>Name(s) and contact details of co-owner(s):</b>		
<b>14e. Market value:</b>	Rs		
<b>14f. Are there mortgages/charges on this property?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please give details.		
		Mortgage/ charge	Mortgage/ charge
	<b>Name of mortgagee/ charge holder:</b>		
	<b>Amount owing:</b>	Rs	Rs
<b>14g. Is the property insured?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please give details.		
	<b>Name and contact details of the insurer or broker:</b>		
	<b>Insurance policy number:</b>		

14h. Is the property rented out?	<input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please give details.	
	Monthly rental:	Rs
	Name of tenant:	
	Account name (if any):	
	Account number:	

**Inherited Property / Deceased Estate**

**15. In the last 2 years, have you inherited money or assets by way of succession/donation and/or are you owed money or assets from a deceased estate?**

☐ No    ☐ Yes    If yes, please give details.

	Property inherited	Deceased estate
Name of donor/deceased:		
Relationship to you:		
Estimated value of your share (including “in indivis”)		
Name and contact details of the person or organisation administering the estate:		

## PART C – ASSETS (cont'd)

### **Motor Vehicles**

**16a. Are you the owner of any vehicles?** *e.g. a car, motorcycle, truck, bus, trailer, tractor, boat, etc.*

☐ No      ☐ Yes    If yes, please give details.

**16b. Do you use any vehicle on lease or a work vehicle?**

☐ No      ☐ Yes    If yes, please give details.

	Vehicle 1	Vehicle 2	Vehicle 3
Type of vehicle			
Registration number			
Year, make and model			
Name of owner			
Estimated resale value			
Is vehicle financed or security for a loan?			
Loan or hire purchase / leasing company			
Amount outstanding	Rs	Rs	Rs

## **Other Assets**

**17. Do you own any shares/investments either in Mauritius or overseas?** *e.g. Government bonds, unit trust investments, etc.*

☐ No    ☐ Yes    If yes, please give details.

Name of company	No. of shares/Amount invested	Market value (Rs)

**18. Do you own any Life Insurance policies?**

☐ No    ☐ Yes    If yes, please give details.

Name of life insured	Policy number	Name of insurance company	Name of beneficiary

**19a. Do you have any superannuation funds or other schemes, either in Mauritius or overseas?**

☐ No  
☐ Yes

**19b. Please provide details of each of the superannuation or other schemes that you have.** The total of your funds **must** include Employer and Government contributions.

Name of fund provider	Address of fund holder / fund manager	Policy number	Date commenced contribution	Total in fund (Rs)

### PART C – ASSETS (cont'd)

**20. Please record all other personal assets and their values not already declared in this form.**

Type of asset	Details	Location of asset	Resale value (Rs)
Livestock			
Goodwill			
Goods in storage / in warehouse / through agent			
Other			

### **Sale, Transfer or Gift of Assets in the last 2 years**

**21. In the past two years, have you sold, transferred or disposed by way of “desistement” any assets?**

*e.g. property, motor vehicles, livestock, stock, cash, etc.*

☐ No    ☐ Yes    If yes, please give details.

What did you sell, transfer or dispose of?	Name and contact details of who received the asset or gift	Date transferred?	What was it worth? (Rs)	How much was it sold for? (Rs)	How much did you receive? (Rs)

**22. Have you signed any agreement with your spouse/partner in the past 2 years?**

☐ No    ☐ Yes    If yes, please give details.

Name of other party:	
Who holds a copy of the agreement?	

**Please include a copy if you have one.**

## PART D – LIABILITIES

### **Creditors**

If there is not enough space to list your debts, please add them on a separate page.

**23a. State whether the debts are** ☐ **personal to you, or**  
☐ **taken in joint names?**

**23b. If the debts are taken in joint names, please disclose the name, contact details and relationship of the person to you.**

Name	Address	Relationship

### **Secured debts**

**24. Do you have any secured creditors?** Do not include those holding security over a motor vehicle or real estate – you should already have listed them in Paragraphs 14 and 16.

Creditor's name	Creditor's postal address	Description of security	Estimated present value (Rs)	Amount outstanding (Rs)
Total amount of secured debt				Rs



## **Credit Cards**

**25. Please provide details of your credit cards.**

Name of bank	Joint Debt?	Amount outstanding (Rs)
Total amount of credit card debt		Rs

## **Unsecured Creditors**

**26. Please provide details of anyone else not previously listed as your creditors, e.g. unpaid bills, rent due, loans from family and friends, personal guarantees, etc.**

Creditor's name	Postal address	Joint Debt?	Date incurred	Amount outstanding (Rs)
Total amount of other debts				Rs

## PART D – LIABILITIES (cont'd)

**27a. In the last two years, have you incurred any business debts as a sole trader, or signed any personal guarantees for a limited liability company?**

☐ No      ☐ Yes    If yes, please give details in the table above at Paragraph 26.

**27b. In the last two years, have you incurred any business debts relating to your involvement in a business partnership, e.g. *société*, limited partnership?** ☐ No      ☐ Yes    If yes, please give details in the table below.

Creditor's name	Postal address	Date debt incurred	Amount outstanding (Rs)
Total amount of business partnership debts			Rs

### 28. Debt Totals

	Rs
Total amount of mortgages/charges – P14f	
Total amount of secured vehicle loans – P16b	
Total amount of hire purchases/secured debts – P24	
Total amount of credit card debts – P25	
Total amount of other debts – P26	
Total amount of business partnership debts – P27b	
Total amount owed to Trusts – P29	
<b>Total of Debts</b>	

## PART E – TRUSTS

### Trusts

**29. Are you currently or have you been involved with any trust in the past 2 years?**

☐ No   ☐ Yes If yes, please give details.

	Trust 1	Trust 2
<b>Name of trust</b>		
<b>Your involvement in the trust</b> (select all that apply)	Trustee / Settlor / Beneficiary	Trustee / Settlor / Beneficiary
<b>Have you transferred any personal assets or money to the trust in the past 2 years?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
List the assets or money transferred		
Provide the date(s) of transfer		
Estimate the value at the time(s) of transfer	Rs	Rs
<b>List the assets of the trust</b>		
Current value of the assets	Rs	Rs
<b>Do you owe the trust any money?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
Amount owing	Rs	Rs
Give details of the debt		
<b>Have you been paid any money from this trust in the past 2 years?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
Amount received	Rs	Rs

	Trust 1	Trust 2
Provide the date(s) of funds received		
<b>Does the trust owe you any money?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give details.
Amount owing	Rs	Rs
Provide details on the funds owed to you		
<b>Do you hold a copy of the trust deed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, enclose a copy of the trust deed and latest financial statements</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, enclose a copy of the trust deed and latest financial statements</b>
If a copy of the trust deed is not available, please provide the name and contact details of the person who has a copy of the trust deed or financial statements for the trust.		
<b>Please provide the name(s) and contact details of all the Trustees:</b>		

## PART F – BUSINESS DETAILS

In the last two years, if you have not been involved in operating a business as a sole trader, limited partnership, limited liability company or *société*, please go straight to the last page.

**30a. Are you currently, or have you in the last 2 years been in business, either as a sole trader or as a member of a partnership?**  
Do not include details of Limited Liability companies here.

☐ No    ☐ Yes **If you answered Yes, go to P31**

**30b. Are you currently, or have you in the past 2 years, been a director or had a management role in a Limited Liability Company incorporated/registered under the Companies Act? Do not include businesses you have run as a sole trader or in partnership.**

☐ No    ☐ Yes **If you answered Yes, go to P37a**

### **Trading as a Sole Trader, Société, Limited Partnership or in any other businesses**

**31. Please provide the details of each of your sole trader or business partnerships.**

	Business 1	Business 2	Business 3
Business name			
Trading name (if any)			
Was business run as a limited partnership / <i>société</i> / sole trader?			
Address of business			
Postal address (if any)			

	<b>Business 1</b>	<b>Business 2</b>	<b>Business 3</b>
Telephone number			
Fax number			
Email address			
Did you employ any staff?			
Name(s) and contact details of business partner(s)			
Do you have a copy of the partnership agreement / deed of <i>société</i> ?			
Date business started trading			
Date business ceased trading			
Nature of business			
Name and contact details of the landlord of the business premises (if any)			

**32. Has your business used a law practitioner or accountant in the last 2 years?**

☐ No   ☐ Yes   If yes, please give details.

Name	Address	Phone number

## PART F – BUSINESS DETAILS (cont'd)

### 33. Do you have a copy of the latest financial statements?

☐ Yes

☐ No If no, please give details.

	Business 1	Business 2	Business 3
<b>State the name of the person who has the copy of the financial statements</b>			
Postal address			
Phone number(s)			
Email address			

### 34. Please provide the contact details for the person or organisation responsible for the following business records.

	Business 1	Business 2	Business 3
<b>State the name of the person who keeps the financial records</b>			
Postal address			
Phone number(s)			
Email address			
<b>State the name of the person who was responsible for the upkeep of the business records</b>			
Postal address			
Phone number(s)			
Email address			

## **Assets**

### **35a. Are there any contracts requiring completion?**

☐ No ☐ Yes

If you answered Yes, please provide details of the contracts that require completion by including them with this application.

### **35b. In the past two years, have you sold, transferred or disposed of any business assets?**

☐ No ☐ Yes If yes, please give details.

Type of asset	Details	Date sold	Name of purchaser	Amount received (Rs)

### **35c. As a result of pressure for payment from creditors, have you in the past 2 years, paid over and above your normal repayments to any creditor, given or surrendered assets to creditors?**

☐ No ☐ Yes If yes, please give details.

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## **PART F – BUSINESS DETAILS (cont'd)**

### **35d. Are there any business assets not sold/disposed of?**

☐ No    ☐ Yes

If you answered Yes, please provide details of all business assets held as follows:

Type of asset	Details	Location of asset	Resale value (Rs)
Stock			
Plant and equipment			
Fixtures and fittings			
Licences			
Incomplete contracts			
Motor vehicles			
Bank accounts			
Prepayments			
Other (please describe)			

### **Debts**

### **36. Does the business owe money?**

As you are personally liable for any debts incurred, please ensure you have provided a complete list of these debts on page ..... at the appropriate section in Paragraph 26 or 27b.

### **Trading as a Limited Liability Company**

**37a. If you answered Yes at Paragraph 30b i.e. currently or previously having been a director or in a management role with a Limited Liability Company, please complete the following information.** Do not include businesses you have run as a sole trader or in a business partnership.

	Company 1	Company 2	Company 3
Company name			
Business name (if any)			
Registered address of company			
Postal address (if any)			
Telephone number			
Fax number			
Email address			
Nature of company			
Date company started business			
Date company ceased business			
Is the company a trustee of a trust?			
Does the company owe you money?	Rs	Rs	Rs
Do you owe the company money?	Rs	Rs	Rs
Name and contact details of the landlord for the company's premises			
Name and contact details of the company's accountant/auditor			
Name and contact details of the company's law practitioner			

## PART F – BUSINESS DETAILS (cont'd)

### 38. Do you have a copy of the latest financial accounts?

☐ Yes   ☐ No   If no, please give details.

	Company 1	Company 2	Company 3
<b>State the name of the person who has the financial records</b>			
Postal address			
Phone number(s)			
Email address			
<b>State the name of the person who is responsible for the upkeep of the company records</b>			
Postal address			
Phone number(s)			
Email address			

## **Assets**

**39. Please provide details of all remaining company assets.**

Type of asset	Details	Location of asset	Resale value (Rs)
Stock			
Plant and equipment			
Fixtures and fittings			
Licences			
Incomplete contracts			
Motor vehicles			
Bank accounts			
Prepayments			
Other (please describe)			

**If there are contracts requiring completion, please provide details by including them with this application.**

Full name: .....

Signature: .....

Date: .....